

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	C.T.	936	03-09-0
RESPONSE FORMALITY REVIEW	8/11	1091	05-08-0

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/7/02
2	5/30/02
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Claim	Date
Final	
Original	
11	5/1
12	5/1
13	5/1
14	5/1
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100	5/1

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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